



NZCHA Expense Reimbursement Form

Expense Categories: Please select the category the expense best represents:
 (Administration/Stationery or Postage/Association Asset/Repairs/ Clinician or Judges /
 Media/Chatter/Secretary Travel/Awards (Buckles/Trophies)

I the undersigned request reimbursement from the NZCHA as outlined below, each expense claimed was incurred for the purposes or function of the NZCHA.

Name of claimant:	
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Payment Details			
Date of Expense:	Expense Category	Description of Expense	Amount \$
TOTAL Reimbursement			\$ -

Name and Bank Account # for Reimbursement payment:	
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Date received by Treasurer	
Date of Council Approval (Majority)	
Date Treasurer completed reimbursement	